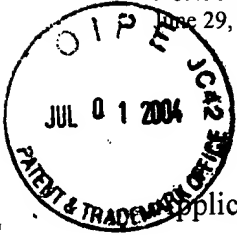


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NOTICE OF APPEAL FROM THE EXAMINER
TO THE BOARD OF PATENT APPEALS AND INTERFERENCES

Applicant: Mikhail I. Papisov
Serial No.: 09/634,320 Group: 1635
Filed: August 9, 2000 Examiner: Zara, Jane J.
Confirmation No.: 5525
For: DRUG-CARRIER COMPLEXES AND METHODS OF USE THEREOF

CERTIFICATE OF MAILING OR TRANSMISSION	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or is being facsimile transmitted to the United States Patent and Trademark Office on:	
6/29/04	Jennifer Warner
Date	Signature
Jennifer Warner	
Typed or printed name of person signing certificate	

07/02/2004 YPOLITE1 00000020 09634320

01 EC:2401 165.00 0P

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Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Applicant hereby appeals to the Board of Patent Appeals and Interferences from the decision dated April 7, 2004 of the Examiner finally rejecting claims 14-17, 20-22, 28-30 and 34-37.

1. ☐ Applicant hereby petitions to extend the time for filing a Notice of Appeal in response to the Office Action Made Final dated [] for [] month(s) from [] to [].
2. ☐ A [] month extension of time to respond to the Office Action Made Final dated [] was filed on [] with payment of a \$[] fee.
☐ Applicant hereby petitions for an additional [] month extension of time to respond to the Office Action Made Final.
3. ☐ A Request for Oral Hearing before the Board of Patent Appeals and Interferences is being filed concurrently herewith.

4. Fees are submitted for the following:

<input type="checkbox"/>	Extension of Time for [] month(s)	\$	_____
<input type="checkbox"/>	Additional Extension of Time:		
	Fee for Extension ([] mo.)	\$	_____
	Less fee paid ([] mo.)	- \$	_____
	Balance of fee due	\$	0
<input checked="" type="checkbox"/>	Notice of Appeal	\$	165
<input type="checkbox"/>	Other _____	\$	_____
	TOTAL	\$	<u>165</u>

5. The method of payment for the total fees is as follows:

- ☒ A check in the amount of \$165.00 is enclosed.
- ☐ Please charge Deposit Account No. 08-0380 in the amount of \$[].

Please charge any deficiency or credit any overpayment in the fees that may be due in this matter to Deposit Account No. 08-0380. A copy of this document is enclosed for accounting purposes.

Respectfully submitted,

HAMILTON, BROOK, SMITH, REYNOLDS, P.C.

By Mary K. Murray
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Concord, MA 01742-9133

Date: June 29, 2004